



Attorney's Docket No: 030673

PATENT

*wfile  
(refund)*

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Group No.: 1644

Application No.: 09/382,088

Filed: August 24, 1999

Inventor: Ernest G. Hope

:  
:  
: COMPOSITIONS AND METHODS FOR PROTECTING  
: ORGANS, TISSUE AND CELLS FROM IMMUNE  
: SYSTEM-MEDIATED DAMAGE

:  
:  
: Examiner: Gerald R. Ewoldt

Mail Stop Petition  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is:

- ☒ a small entity. A statement that this filing is by a small entity is hereby asserted in accordance with the rule change effective September 8, 2000, 65 Fed. Reg. 54603.
- ☐ Other than a small entity.

2/07/2005 TBESHAH1 00000004 09382088

! FC:2253

510.00 OP

Page 1 of 4

Adjustment date: 01/27/2006 CKHLOK  
12/07/2005 TBESHAH1 00000004 09382088  
02 FC:2253 -510.00 OP  
Repln. Ref: 01/27/2006 CKHLOK 0007504800  
DAH:503455 Name/Number:09382088  
FC: 9204 \$510.00 CR

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND												
1 Date of Request: <u>1-25-06</u>		2 Serial/Patent # <u>09/382,088</u>										
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT								
	Filing			\$								
	<del>Amendment</del>			\$								
<input checked="" type="checkbox"/>	Extension of Time	—	12/5/05	\$ 570. <sup>00</sup>								
	Notice of Appeal/Appeal			\$								
	Petition			\$								
	Issue			\$								
	Cert of Correction/Terminal Disc.			\$								
	Maintenance			\$								
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		7 TOTAL AMOUNT OF REFUND		\$ 570. <sup>00</sup>								
10 REASON:		8 TO BE REFUNDED BY:										
		<input checked="" type="checkbox"/> Treasury Check										
Overpayment		<input checked="" type="checkbox"/> Credit Deposit A/C #:										
Duplicate Payment		9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">5</td> <td style="width: 20px;">7</td> <td style="width: 20px;">0</td> <td style="width: 20px;">--</td> <td style="width: 20px;">3</td> <td style="width: 20px;">4</td> <td style="width: 20px;">5</td> <td style="width: 20px;">5</td> </tr> </table>			5	7	0	--	3	4	5	5
5	7	0	--	3	4	5	5					
<input checked="" type="checkbox"/> No Fee Due (Explanation):												
Ext. of Time (filed outside six (6) month pd. for reply.												
11 REFUND REQUESTED BY:												
TYPED/PRINTED NAME: <u>Andrea Smith</u>		TITLE: <u>Pats. Exmr.</u>										
SIGNATURE: <u>[Signature]</u>		PHONE: <u>571-272-3226</u>										
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